




Speech by

Shane Knuth

MEMBER FOR DALRYMPLE

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HEALTH AND HOSPITALS NETWORK BILL

 **Mr KNUTH** (Dalrymple—LNP) (12.48 pm): The explanatory notes for the Health and Hospital Networks Bill 2010 state that the bill aims to establish local health and hospital networks to undertake the day-to-day management of hospitals and administer the delivery of public health service in Queensland. In addition, the bill will place a complete ban on the display of smoking products in retail settings. It states that these changes are part of the new governance arrangement for Queensland's public hospital system as part of the 2010 Council of Australian Governments' agreement on a national approach to health service delivery. The original purpose of this national health and hospital reform was to give local control of health services to hospital networks with small groups of three to four hospitals. This bill merely transfers the existing health service district, which has 10 or 20 hospitals per district. This will mean little improvement for rural health service delivery as funding and staff will continue to be swallowed up by the needs of hospitals in major centres.

In rural Queensland, health services are being downsized and patients are being referred to major hospitals, hundreds and sometimes thousands of kilometres away. The LNP has been pushing for hospital boards for a long time. I still believe that this hospital networks bill is a Clayton's approach to set a perception that the government is allowing communities to have their say.

In his second reading speech, the minister said that the government intends to provide Queensland with more health services sooner and closer to home. I believe that that is very important. In the past 10 or 12 years we have seen maternity services closed down in places such as Clermont, Moranbah, Alpha, Richmond and Hughenden. When a mum is about to give birth to a baby it is a very critical time and her health care is very important. The last thing she would want to do is spend three to four weeks in a motel to be near a hospital where she can give birth. Moranbah is a fine example of that. That area produces \$6 billion in gross revenue, yet its people are forced to use the services at Mackay and sometimes Rockhampton. This is a very important issue and it needs to be addressed. It is not right that women have to spend three weeks in a motel because their local service has been removed. That needs to be a very strong focus.

Recently we received the CT scanner at the Atherton Hospital. They were dollars well spent. The minister spoke about bringing services closer to home and, in that spirit, for seven years we had been pushing for a CT scanner for Atherton. Medical practitioners can access it on the spot. It will save thousands, if not millions, of dollars. Each year at least 1,300 Atherton patients had been directed to Cairns because the hospital did not have a CT scanner. There is no doubt that it will benefit the Tablelands area. I appreciate the minister's support for that. I also bring to the minister's attention the chemo service at Atherton. The minister said that we need services sooner and closer to home and while we do have a chemo service in Atherton some patients are still being directed to use the Cairns chemo service. While this is a very critical time—

Mr DEPUTY SPEAKER (Mr O'Brien): Order! member for Dalrymple. I have been patient with you. In fact, these matters are very near and dear to my heart as well. Unfortunately, they are not relevant to the bill before the House. I ask you to come back to the bill, please.

Mr KNUTH: In his second reading speech the minister spoke about providing services sooner and closer to home. I simply bring those matters to the minister's attention. I am not knocking the minister; I am thanking him.

An honourable member interjected.

Mr DEPUTY SPEAKER: I can. I ask the member for Dalrymple to refer his comments to the bill that is currently before the House.

Mr KNUTH: The reforms proposed in this bill are little more than a token restructuring to qualify for the \$1.8 billion of federal funding. The amendments proposed by the LNP to create advisory committees with representation drawn from across the health service spectrum will be much more effective in the coordination of efficient health service delivery.

Another key part of the national health reform was transparency, yet this government has removed the requirements for hospital performance data to be made available to the public. A consistent criticism of bureaucracy in Queensland is about constant blame shifting and the removal of legislated minimum reporting, yet this bill creates a system closed to public scrutiny. The LNP has proposed further amendments to the bill to incorporate a minimum performance report for each hospital to reintroduce the transparency intended by the National Health Reform Agreement. It is concerning that this government has neglected key aspects of the National Health Reform Agreement and, by doing so, has created a bill that has little to do with improving the health system in Queensland and more to do with creating another level of bureaucracy to administer the anticipated \$1.8 billion from the federal government.